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PATENT, TRADEMARK

AND COPYRIGHT LAW

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Date: June 26, 2003

Attorney Docket No. KAS-183



To: Assistant Commissioner for Patents

Washington, D.C. 20231

Sir: Transmitted herewith for filing is the patent application of:

Inventor: S. MATSUBARA et al (see attached)

**AUTOMATIC ANALYZER** 

| X  | Sheets of Drawings   |           |              |        |    |              |     |      |  |
|--|--|-----------|--------------|--------|----|--------------|-----|------|--|
| X  | This application is being filed without an executed Declaration.   |           |              |        |    |              |     |      |  |
| X  | Priority is claimed from Japanese Application No. 2002-189016 filed June 28, 2002  |           |              |        |    |              |     |      |  |
| X  | Copies of the disclosure documents listed on the attached PTO 1449 form and discussed in the specification or attached Information Disclosure Statement. |           |              |        |    |              |     |      |  |
|  | A verified statement to establish small entity status under 37 CFR 1.9 and 1.27.   |           |              |        |    |              |     |      |  |
| X  | Specification: Abstract X, Description 9 pages; and 5 claim(s).  |           |              |        |    |              |     |      |  |
|  | Preliminary Amendment.   |           |              |        |    |              |     |      |  |
| Executed Declaration.  |  |           |              |        |    |              |     |      |  |
| The filing f   | ee is calculated as s  | Sm        | Small Entity |        |    | Large Entity |     |      |  |
| For:   | No. Filed  | No. Extra | Rate         | Fee    | OR | Rate         | Fee |      |  |
| Basic Fee  |  |           |              | \$ 370 | ]  |              | \$  | 750  |  |
| Total Clai   | ms 5 -20 =   | • 0       | x 9          | \$     | ]  | x 18         | \$  | 0    |  |
| Indep Clai   | ims 2 - 3 =  | * 0       | x 42         | \$     | ]  | x 84         | \$  | 0    |  |
| ☐ Multiple Dependent Claim (s)   |  |           | + 140        | \$     |    | + 280        | \$  | 0    |  |
| * If difference is less than zero then enter '0' in second column  |  |           | Total        | \$     | ]  | Total        | \$  | 7.50 |  |
| X A check in the amount of \$ 750.00 is enclosed for the filing fee.   |  |           |              |        |    |              |     |      |  |
| The Commissioner is hereby authorized to charge any additional fees that may be required to Deposit Account No. 50-1417. |  |           |              |        |    |              |     |      |  |

Respectfully, Submitted,

John R. Mattingly Registration No. 30,293